

FILED AUG 7 1943

Registration District No. 256

Primary Registration District No. 5879

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage
 (b) City or town Waverly
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
 (c) City or town _____
 (d) Street No. _____
 (e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Antonie J Thuli

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30 - 1852

8. AGE: Years 91 Months - Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Switzerland _____

10. Usual occupation retired Farmer

11. Industry or business _____
 12. Name John Thuli
 13. Birthplace Switzerland
 14. Maiden name Paula Kruen
 15. Birthplace Switzerland

16. (a) Informant Marion J Thuli
 (b) Address Marion Mo.

17. (a) _____ (b) Date thereof June 24 1943

18. (a) Signature of funeral director and Hummel

19. (a) June 24 1943 (b) Arthur Souder

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 18 1943 to June 19 1943 that I last saw him alive and that death occurred on the date and hour stated above

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Harold Workman (M.D. or other) _____
 Address Hermann Mo Date signed 6-21-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Char. N. Pope

Licensed Embalmer No. 2552

P. O. Address Moulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 256

Primary Registration District No. 5879

Registrar's No. 25613

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Marion Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Anton J. Zhubi
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30
(Month) (Day) (Year)

8. AGE: Years 91 Months _____ Days _____ If less than one day _____ min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage
(c) City or town Marion Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 19 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____ Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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